

<i>SERFF Tracking Number:</i>	<i>ERCB-125714076</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>39461</i>
<i>Company Tracking Number:</i>	<i>WIC-ESL-AR-08-03758-1-F</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Excess Medical Indemnity-Employer Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Application filing pursuant to Bulletin 6-2008/WIC-ESL-AR-08-03758-1-F</i>		

Filing at a Glance

Company: Westport Insurance Corporation

Product Name: Excess Medical Indemnity- SERFF Tr Num: ERCB-125714076 State: ArkansasLH

Employer Stop Loss

TOI: H21 Health - Other

SERFF Status: Closed

State Tr Num: 39461

Sub-TOI: H21.000 Health - Other

Co Tr Num: WIC-ESL-AR-08-03758-1-F

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Theresa Cox

Disposition Date: 07/02/2008

Date Submitted: 06/27/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 07/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name: Application filing pursuant to Bulletin 6-2008

Status of Filing in Domicile: Not Filed

Project Number: WIC-ESL-AR-08-03758-1-F

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 07/02/2008

Deemer Date:

State Status Changed: 07/02/2008

Corresponding Filing Tracking Number: WIC-ESL-AR-08-03758-1-F

Filing Description:

Pursuant to Bulletin 6-2008, the Westport Insurance Corporation is filing its Application for Excess Medical Indemnity Policy for Employer Stop Loss. We have added the notice as required by Bulletin 6-2008 to this application.

Company and Contact

<i>SERFF Tracking Number:</i>	<i>ERCB-125714076</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>39461</i>
<i>Company Tracking Number:</i>	<i>WIC-ESL-AR-08-03758-1-F</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Excess Medical Indemnity-Employer Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Application filing pursuant to Bulletin 6-2008/WIC-ESL-AR-08-03758-1-F</i>		

Filing Contact Information

Theresa Cox, Compliance Specialist	theresa_cox@swissre.com
5200 Metcalf	(800) 255-6931 [Phone]
Overland Park, KS 66201	

Filing Company Information

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	As per Bulletin 6-2008 the filing fee is \$20
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$20.00	06/27/2008	21126581

<i>SERFF Tracking Number:</i>	<i>ERCB-125714076</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>39461</i>
<i>Company Tracking Number:</i>	<i>WIC-ESL-AR-08-03758-1-F</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Excess Medical Indemnity-Employer Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Application filing pursuant to Bulletin 6-2008/WIC-ESL-AR-08-03758-1-F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/02/2008	07/02/2008

<i>SERFF Tracking Number:</i>	<i>ERCB-125714076</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>39461</i>
<i>Company Tracking Number:</i>	<i>WIC-ESL-AR-08-03758-1-F</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Excess Medical Indemnity-Employer Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Application filing pursuant to Bulletin 6-2008/WIC-ESL-AR-08-03758-1-F</i>		

Disposition

Disposition Date: 07/02/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ERCB-125714076</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>39461</i>
<i>Company Tracking Number:</i>	<i>WIC-ESL-AR-08-03758-I-F</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Excess Medical Indemnity-Employer Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Application filing pursuant to Bulletin 6-2008/WIC-ESL-AR-08-03758-I-F</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Application for Excess Medical Indemnity	Approved-Closed	Yes

SERFF Tracking Number: ERCB-125714076 State: Arkansas

Filing Company: Westport Insurance Corporation State Tracking Number: 39461

Company Tracking Number: WIC-ESL-AR-08-03758-1-F

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Excess Medical Indemnity-Employer Stop Loss

Project Name/Number: Application filing pursuant to Bulletin 6-2008/WIC-ESL-AR-08-03758-1-F

Form Schedule

Lead Form Number: SP 4 291 AR 0608

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	SP 4 291	Application/ Application for	Initial		42	SP 4 291 AR
Closed	AR 0608	Enrollment Excess Medical Form Indemnity				0608.pdf

Westport Insurance Corporation

A Stock Company
5200 Metcalf Avenue • PO Box 2991 • Overland Park KS 66201-1391
(913) 676-5200 / (800) 255-6931

APPLICATION FOR EXCESS MEDICAL INDEMNITY POLICY

Application is made for a Policy providing the insurance specified below:

Date Quotation Requested: _____ Effective Date Requested: _____

APPLICANT INFORMATION

Applicant Information	Name: _____	Telephone: _____
	Address: _____	Fax: _____
	Contact: _____	E-Mail: _____

List all Covered Units and number of Employees covered at each location (must be more than 50 Employees):

Nature of Business: ☐ Corporation ☐ Association ☐ Trust Industry Type: _____

REQUESTED COVERAGE

Aggregate Excess <input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment Point - % of Loss Fund: <input type="checkbox"/> 120% <input type="checkbox"/> 125% <input type="checkbox"/> Other _____
	Benefits Covered: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Vision <input type="checkbox"/> Weekly Indemnity <input type="checkbox"/> Other _____
	Liability Basis: <input type="checkbox"/> (15/12) Incurred 3 months prior and paid in policy period <input type="checkbox"/> (12/12) Incurred and paid in policy period <input type="checkbox"/> (12/15) Incurred in policy period and paid within 3 months after the policy period <input type="checkbox"/> Other _____

Specific Excess <input type="checkbox"/> Yes <input type="checkbox"/> No	Retention: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other _____
	Plan Maximum: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> Other _____
	Benefits Covered: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Vision <input type="checkbox"/> Weekly Indemnity <input type="checkbox"/> Other _____
	Liability Basis: <input type="checkbox"/> (15/12) Incurred 3 months prior and paid in policy period <input type="checkbox"/> (12/12) Incurred and paid in policy period <input type="checkbox"/> (12/15) Incurred in policy period and paid within 3 months after the policy period <input type="checkbox"/> Other _____

APPLICATION FOR EXCESS MEDICAL INDEMNITY POLICY

Current Coverage	Current Carrier: _____ <input type="checkbox"/> Insured <input type="checkbox"/> Self-Insured		
	Current Agent/TPA: _____		
	If Self-Insured, indicate current retention level, funding and monthly rates, and contract terms. _____		
	No. Eligible Employees: _____	No. Employees w/Deps.: _____	No. Employees w/o Deps.: _____
	Are Retirees covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Retirees under 65/over 65: _____	
	Are Union employees covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Union employees: _____	
How many people are covered under COBRA? _____			

Administrator of Plan	Name: _____	Phone: _____
	Address: _____	Fax: _____
	Contact Person: _____	E-Mail: _____

Paid Claims Experience	Experience Mo/Yr - Mo/Yr	Medical	Dental	Prescription Drugs	Average No. of Employees
<i>Please provide supportive back-up data for paid claims broken down by month, if possible.</i>					

Serious Claims Information	<i>If any Person has incurred \$10,000 or more claims or has a serious condition which may exceed the specific retention requested, give details below:</i>				
	Claimant's Name (EE or DEP)	Amount Paid to Date	Diagnosis	Prognosis	Case Management

Required Attachments	<input type="checkbox"/> Current plan of benefits and proposed changes <input type="checkbox"/> Complete paid claims experience for last 3 years <input type="checkbox"/> Information on claimants with claims above of \$10,000 (or with a serious condition) for last 3 years <input type="checkbox"/> Current census including date of birth, gender, coverage category (active employee, retiree, COBRA, etc.) and zip code <input type="checkbox"/> Case Management Reports for last 3 years
-----------------------------	---

APPLICATION FOR EXCESS MEDICAL INDEMNITY POLICY

Representations. The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this Application shall become the basis of any coverage and a part of any Policy that may be issued by us.

Release of Information. The release of any claim information is solely for the purpose of obtaining insurance coverage, and it will be held to be confidential and not used for any other purpose.

Non-Binding. The execution of this Application does not bind the undersigned to purchase any coverage offered, nor does the review and/or receipt of this Application bind us to issue a Policy or offer coverage.

Retention of Rights. Any Policy will not be effective until we receive and accept this Application executed by the appropriate persons. We retain the right to deny any claim, adjust our underwriting terms or rescind and cancel our Policy in the event of any undisclosed, inaccurate or incomplete information.

NOTICE: Employers/plan sponsors of self-funded health plans should not consider the purchase of stop loss coverage and/or excess loss coverage as complete protection from all liability created by the self-funded health plan. Employers/plan sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded health plan may cause the employer/plan sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

Name: _____
(Person with authority to sign on behalf of Applicant)

Title: _____

Signed: _____

Date: _____

<i>SERFF Tracking Number:</i>	<i>ERCB-125714076</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>39461</i>
<i>Company Tracking Number:</i>	<i>WIC-ESL-AR-08-03758-1-F</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Excess Medical Indemnity-Employer Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Application filing pursuant to Bulletin 6-2008/WIC-ESL-AR-08-03758-1-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ERCB-125714076 State: Arkansas
Filing Company: Westport Insurance Corporation State Tracking Number: 39461
Company Tracking Number: WIC-ESL-AR-08-03758-1-F
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Excess Medical Indemnity-Employer Stop Loss
Project Name/Number: Application filing pursuant to Bulletin 6-2008/WIC-ESL-AR-08-03758-1-F

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	07/02/2008
Comments:				
Attachment:	Flesch Reading Ease Certification.pdf			
Satisfied -Name:	Application	Review Status:	Approved-Closed	07/02/2008
Comments:	Application attached under forms tab			
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	07/02/2008
Bypass Reason:	Not applicable to this filing			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	07/02/2008
Bypass Reason:	Not applicable to this filing			
Comments:				

Swiss Re



Westport Insurance Corporation

5200 Metcalf
Overland Park, KS 66201
T 913-676-5200
F 913-676-6226
www.swissre.com

June 27, 2008

Arkansas Insurance Department
Life & Health Division
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: WESTPORT INSURANCE CORPORATION
Excess Medical Indemnity Program-
Employer Stop Loss Application Filing
Effective Date: July 1, 2008
Our Filing No: WIC-ESL-AR-08-03758-1-F

NAIC: 181-29845
FEIN: 48-0921045

Dear Director:

The form contained in this filing meets the minimum reading ease score on the Flesch Reading Ease.
The Flesch score for the Excess Medical Indemnity Application was 42.3.

Sincerely,

David Newkirk, Vice President
Westport Insurance Corporation